Castaways Consignments

Become a Consignor

Print and Bring this Form to the Store with your consignment merchandise.

Name:

	Address:			
	City:	State:	_Zip	
	Phone:	Cell:		
□ VES I'd like to be r	placed on your omail list ar	ad racaiva amails ra	garding gonoral ir	oformation from
☐ YES , I'd like to be placed on your email list and receive emails regarding general information from Castaways Consignments. I understand Castaways will keep my email address and information private.				
My Email address:				

